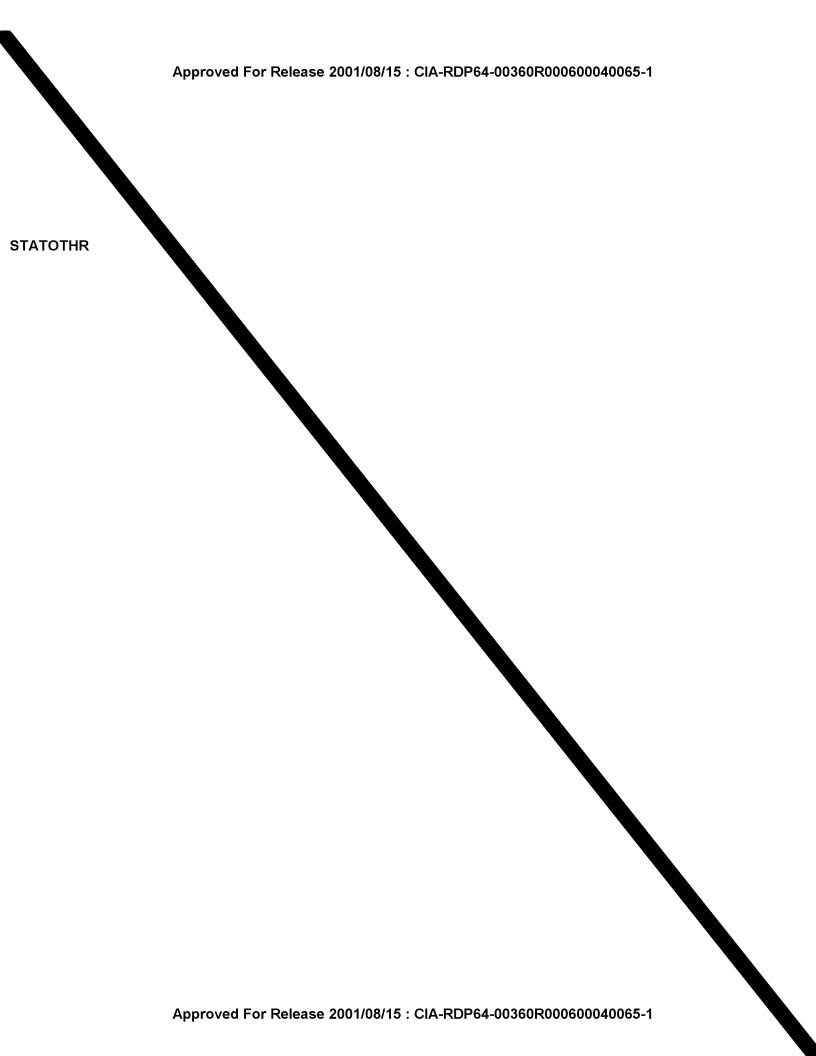
J. SCC	ST REIMBURSA	BLE					Γ	T) A I	D BY	
		(Department,	bureau, or establishment)					PAI	DBI	
oucher pre	pared at		(Give place and date)				. _	, w	C# 1	ľ
HE UNITED	STATES, Dr.,	Paye	ee's Account No					nel	10 -9	
, 0							_ 7	77-376 	19-2/	. 1
0		****	(Payee)						EN FACE PAS	
	(Addr	es)	(City)	(St	ate)		- L			!
No. and Date of Order	Date of Delivery or Service	(Enter description	ARTICLES OR SERVICE, item number of contract of other information deen	t or Federal su	pply	QUANTITY	UNIT	PRICE	AMOUN Dollars	Cts.
		Costs							\$2,187	97
AYMENT: Complete Partial Final		Use	continuation sheet(s) if ne	cessary						
hipped from	t		Weight	Government P		ee must NO	T this	Total	\$2,187	97
certify that th	e above billi is correct	and just and that pay (Sign original only)	ment has not been receiv	ed.		ices				
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Per		- a	like certificate is made by payee on at	ached bill or bills)	Amo	unt verified; nature or ini	correct fo		2,189	99
Contract No.		Date	Reg. No			Date		Invoice Rec	'd.	
ursuant to aut	hority vested in me, l	certify that this accou	int is correct and proper	for payment.						
Approved for	\$		CION	†		(Author	ized Certify	ing Officer)		
By			SIGN ORIGINAL ONLY	Title						
Title				Date						
,	THE REVERSE OF TH	HIS FORM MUST BE EXECUTI	ED WHEN PURCHASES ARE MAD			IOUT WRITTEN	AGREEMENT	IN ANY FORM	(
	ACCOU	NTING CLASSIFICAT	TION (Appropriation Syn	nbol must be sl	own; otl	her classifica	tion optic	nal)		
		is. Hd te b								
Paid by Che	ck No	dated	, 19	_, for \$			{on T	reasurer of the e named abov	e United States re.	in favor
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